

Mr. Michael Kline  
Spicer Manufacturing, Inc.  
2100 West State Street  
Fort Wayne, Indiana 46808

Re: 085-12009-00033  
Second Notice-Only Change to  
MSOP 085-10675-00033 and First Notice-Only  
Change 085-12066-00033

Dear Mr. Kline:

Dana Corporation-Spicer Axle Division was issued a permit on January 24, 2000 for Minor Source Operating Permit. A Notice-Only Change was also issued on May 15, 2000. A letter notifying the Office of Air Management of a transfer of ownership and name change was received on March 18, 2000. Also reflected was the company's new mailing address. Pursuant to the provisions of 326 IAC 2-6.1-6 the permit is hereby revised as follows:

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A.1 General Information [326 IAC 2-5.1-3(c)] [326 IAC 2-6.1-4(a)]

The Permittee owns and operates a stationary axle component production and assembly operation.

Authorized Individual: Michael D. Kline  
Source Address: 501 West Railroad Avenue, Syracuse, Indiana 46567  
Mailing Address: ~~P.O. Box 67, Syracuse, Indiana 46567~~  
2100 West State Street, Fort Wayne, Indiana 46808  
Phone Number: 219-457-7716  
SIC Code: 3714  
County Location: Kosciusko  
County Status: Attainment for all criteria pollutants  
Source Status: Minor Source Operating Permit  
Minor Source, under PSD  
Minor Source, Section 112 of the Clean Air Act

Dana Corporation-Spicer Axle Division, was restructured to a wholly owned subsidiary of Dana Corporation and had its name changed to Spicer Manufacturing at the same location. The SIC Code is 3714.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this letter and the following revised permit pages to the front of the original permit.

Spicer Manufacturing, Inc.  
Syracuse, Indiana 46567

Page 2 of 2

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,

Paul Dubenetzky, Chief  
Permits Branch  
Office of Air Management

PD/gkf

cc: File - Kosciusko County  
U.S. EPA, Region V  
Kosciusko County Health Department  
Air Compliance Section Inspector - Doyle Houser  
Compliance Data Section - Karen Nowak  
IDEM Northern Regional Office

# **MINOR SOURCE OPERATING PERMIT OFFICE OF AIR MANAGEMENT**

**Spicer Manufacturing, Inc.  
501 West Railroad Avenue  
Syracuse, Indiana 46567**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the emission units described in Section A (Source Summary) of this permit.

This permit is issued to the above mentioned company under the provisions of 326 IAC 2-1.1, 326 IAC 2-6.1 and 40 CFR 52.780, with conditions listed on the attached pages.

|   |                                 |
|---|---------------------------------|
| Operation Permit No.: MSOP 085-10675-00033                              |                                 |
| Issued by:<br>Paul Dubenetzky, Branch Chief<br>Office of Air Management | Issuance Date: January 24, 2000 |

First Notice-Only Change 085-12066, issued May 15, 2000

|   |                                   |
|---|-----------------------------------|
| Second Notice-Only Change: 085-12009                                    | Pages Affected: 4, 27, 29, and 30 |
| Issued by:<br>Paul Dubenetzky, Branch Chief<br>Office of Air Management | Issuance Date:                    |

## SECTION A

## SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Management (OAM). The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

### A.1 General Information [326 IAC 2-5.1-3(c)] [326 IAC 2-6.1-4(a)]

The Permittee owns and operates a stationary axle component production and assembly operation.

Authorized Individual: Michael D. Kline  
Source Address: 501 West Railroad Avenue, Syracuse, Indiana 46567  
Mailing Address: 2100 West State Street, Fort Wayne, Indiana 46808  
Phone Number: 219-457-7716  
SIC Code: 3714  
County Location: Kosciusko  
County Status: Attainment for all criteria pollutants  
Source Status: Minor Source Operating Permit  
Minor Source, under PSD  
Minor Source, Section 112 of the Clean Air Act

### A.2 Emissions units and Pollution Control Equipment Summary

This stationary source is approved to construct and operate the following emissions units and pollution control devices:

- (a) One (1) natural gas draw furnace, known as draw furnace, installed in 1982, exhausting to stack S47, rated at 4.0 million British thermal units per hour.
- (b) Two (2) natural gas fired heated washers, known as washer #1 and washer #8, installed in 1998, exhausting to stacks S35 and S34 respectively, rated at 2.54 million British thermal units per hour, each.
- (c) Two (2) natural gas fired heated washers, known as washer #2 and #7, installed in 1995, exhausting to stacks S6 and S29 respectively, rated at 1.5 million British thermal unit per hour, each.
- (d) Four (4) natural gas fired heated washers, known as washer #3 through #5 and #10, installed in 1996, exhausting to stacks S20 through S18 and S30 respectively, rated at 1.5 million British thermal unit per hour, each.
- (e) Two (2) natural gas fired heated washers, known as washer #6 and #13, installed in 1998, exhausting to stacks S36 and S56 respectively, rated at 0.3 million British thermal unit per hour, each.
- (f) One (1) natural gas fired heated washer, known as washer #9, installed in 1994, exhausting to stack S52, rated at 1.5 million British thermal unit per hour.
- (g) Two (2) natural gas fired heated washers, known as washer #11 and #12, installed in 1980, exhausting to stacks S31 and S41 respectively, rated at 0.8 million British thermal unit per hour, each.

**MALFUNCTION REPORT**

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR MANAGEMENT  
FAX NUMBER - 317 233-5967**

**This form should only be used to report malfunctions applicable to Rule 326 IAC 1-6  
and to qualify for the exemption under 326 IAC 1-6-4.**

THIS FACILITY MEETS THE APPLICABILITY REQUIREMENTS BECAUSE IT HAS POTENTIAL TO EMIT 25 TONS/YEAR PARTICULATE MATTER ?\_\_\_\_\_, 25 TONS/YEAR SULFUR DIOXIDE ?\_\_\_\_\_, 25 TONS/YEAR NITROGEN OXIDES ?\_\_\_\_\_, 25 TONS/YEAR VOC ?\_\_\_\_\_, 25 TONS/YEAR HYDROGEN SULFIDE ?\_\_\_\_\_, 25 TONS/YEAR TOTAL REDUCED SULFUR ?\_\_\_\_\_, 25 TONS/YEAR REDUCED SULFUR COMPOUNDS ?\_\_\_\_\_, 25 TONS/YEAR FLUORIDES ?\_\_\_\_\_, 100 TONS/YEAR CARBON MONOXIDE ?\_\_\_\_\_, 10 TONS/YEAR ANY SINGLE HAZARDOUS AIR POLLUTANT ?\_\_\_\_\_, 25 TONS/YEAR ANY COMBINATION HAZARDOUS AIR POLLUTANT ?\_\_\_\_\_, 1 TON/YEAR LEAD OR LEAD COMPOUNDS MEASURED AS ELEMENTAL LEAD ?\_\_\_\_\_, OR IS A SOURCE LISTED UNDER 326 IAC 2-5.1-3(2) ?\_\_\_\_\_. EMISSIONS FROM MALFUNCTIONING CONTROL EQUIPMENT OR PROCESS EQUIPMENT CAUSED EMISSIONS IN EXCESS OF APPLICABLE LIMITATION \_\_\_\_\_.

THIS MALFUNCTION RESULTED IN A VIOLATION OF: 326 IAC \_\_\_\_\_ OR, PERMIT CONDITION # \_\_\_\_\_ AND/OR PERMIT LIMIT OF \_\_\_\_\_

THIS INCIDENT MEETS THE DEFINITION OF 'MALFUNCTION' AS LISTED ON REVERSE SIDE ?    Y        N

THIS MALFUNCTION IS OR WILL BE LONGER THAN THE ONE (1) HOUR REPORTING REQUIREMENT ?    Y        N

COMPANY: \_\_\_\_\_ Spicer Manufacturing, Inc. \_\_\_\_\_ PHONE NO. : \_\_\_\_\_ (219) 457 - 4422  
LOCATION: (CITY AND COUNTY) \_\_\_\_\_ Syracuse / Kosciusko \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_ 085-10675 \_\_\_\_\_ AS PLANT ID: \_\_\_\_\_ 085-00033 \_\_\_\_\_ AS POINT ID: \_\_\_\_\_ INP: \_\_\_\_\_  
CONTROL/PROCESS DEVICE WHICH MALFUNCTIONED AND REASON: \_\_\_\_\_

DATE/TIME MALFUNCTION STARTED: \_\_\_\_\_ / \_\_\_\_\_ / 19\_\_\_\_\_ \_\_\_\_\_ AM / PM

ESTIMATED HOURS OF OPERATION WITH MALFUNCTION CONDITION: \_\_\_\_\_

DATE/TIME CONTROL EQUIPMENT BACK-IN SERVICE \_\_\_\_\_ / \_\_\_\_\_ / 19\_\_\_\_\_ \_\_\_\_\_ AM / PM

TYPE OF POLLUTANTS EMITTED: TSP, PM-10, SO2, VOC, OTHER: \_\_\_\_\_

ESTIMATED AMOUNT OF POLLUTANT EMITTED DURING MALFUNCTION: \_\_\_\_\_

MEASURES TAKEN TO MINIMIZE EMISSIONS: \_\_\_\_\_

REASONS WHY FACILITY CANNOT BE SHUTDOWN DURING REPAIRS:

CONTINUED OPERATION REQUIRED TO PROVIDE ESSENTIAL\* SERVICES: \_\_\_\_\_  
CONTINUED OPERATION NECESSARY TO PREVENT INJURY TO PERSONS: \_\_\_\_\_  
CONTINUED OPERATION NECESSARY TO PREVENT SEVERE DAMAGE TO EQUIPMENT: \_\_\_\_\_  
INTERIM CONTROL MEASURES: (IF APPLICABLE) \_\_\_\_\_

MALFUNCTION REPORTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(SIGNATURE IF FAXED)

MALFUNCTION RECORDED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF AIR MANAGEMENT  
COMPLIANCE DATA SECTION**

**MINOR SOURCE OPERATING PERMIT  
ANNUAL NOTIFICATION**

This form should be used to comply with the notification requirements under 326 IAC 2-6.1-5(a)(5).

|                      |                                   |
|----------------------|-----------------------------------|
| <b>Company Name:</b> | <b>Spicer Manufacturing, Inc.</b> |
| <b>Address:</b>      | <b>501 West Railroad Avenue</b>   |
| <b>City:</b>         | <b>Syracuse, Indiana 46567</b>    |
| <b>Phone #:</b>      | <b>(219) 457 - 4422</b>           |
| <b>MSOP #:</b>       | <b>085-10675-00033</b>            |

I hereby certify that Spicer Manufacturing, Inc. is:

☒ still in operation.

☐ no longer in operation.

I hereby certify that Spicer Manufacturing, Inc. is:

☒ in compliance with the requirements of MSOP **085-10675-00033**.

☐ not in compliance with the requirements of MSOP **085-10675-00033**.

|                                       |                         |
|---------------------------------------|-------------------------|
| <b>Authorized Individual (typed):</b> | <b>Michael D. Kline</b> |
| <b>Title:</b>                         |                         |
| <b>Signature:</b>                     |                         |
| <b>Date:</b>                          |                         |

If there are any conditions or requirements for which the source is not in compliance, provide a narrative description of how the source did or will achieve compliance and the date compliance was, or will be achieved.

|                       |
|-----------------------|
| <b>Noncompliance:</b> |
|                       |
|                       |
|                       |
|                       |
|                       |

**OFFICE OF AIR MANAGEMENT  
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT  
SEMI-ANNUAL COMPLIANCE MONITORING REPORT**

Source Name: Spicer Manufacturing, Inc.  
Source Address: 501 West Railroad Avenue, Syracuse, Indiana 46567  
Mailing Address: P.O. Box 67, Syracuse, Indiana 46567  
MSOP Permit No.: 085-10675-00033

Months: \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_

This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted semi-annually. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

**9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.**

**9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD.**

| <b>Compliance Monitoring Requirement</b><br>(e.g. Permit Condition D.1.3) | <b>Number of Deviations</b> | <b>Date of each Deviation</b> |
|---|-----------------------------|-------------------------------|
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |
|   |                             |                               |

Form Completed By: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Attach a signed certification to complete this report.